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Abstract

This prcject was aimed at ccrrecting reading difficulties in first and second grades in crder to prevent later reading retardaticn, and was implemented in 22 of the 26 schocl districts eligible tc receive Title I funds. Evaluaticn prccedures, perscnnel, implementation patterns, affiliated hospital and university plans, reading clinic plans, and a summary of findings and reccmmendations are covered in this repcrt. (KG)

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Evaluation of
ESEA Title I Projects
in New York City
1967-68

Project No. 05E68

DIAGNOSIS AND SPECIAL INSTRUCTION IN READING

by Philip E. Kraus

October 1968

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PROGRAM REFERENCE SERVICE
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A Program to Strengthen Early Childhood Education in Poverty Area Schools:

DIAGNOSIS AND SPECIAL INSTRUCTION IN READING

Philip E. Kraus

Evaluation of a New York City school district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10), performed under contract with the Board of Education of the City of New York for the 1967-68 school year.

Educational Research Committee

October 1968

INTRODUCTION

A Program to Strengthen Early Childhood Education in Poverty Area Schools in New York City included six subsections:

a. Educational Assistant or Teacher Aide for Each Kindergarten Teacher

b. Teachers in Grade 1 to help reduce teacher-pupil ratio to 1/15

c. Teachers in Grade 2 to reduce teacher-pupil ratio to 1/20

d. Additional Materials for Grade 1 and 2

e. Diagnosis and Special Instruction in Reading

f. Parental Involvement in Reading-Improvemant Program

Each subsection, though directed to improving the effectiveness of the educational programs at the early childhood level, had, to a large degree, an autonomous quality that required a separate evaluational program, except for parts b, c, and d, which had a common setting for evaluative purposes. However, parts b and c required two separate investigations, one directed to a description of the implementation of the program and professional perceptions of strengths and weaknesses, and the other directed to an analysis of pupil achievement in reading as reflected in test scores.

It is important for the reader to keep in mind that this evaluation report deals with only one section of a large, comprehensive program designed to improve early childhood educational programs in poverty area schools of New York City.

Sydney L. Schwartz
Evaluation Coordinator

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CHAPTER I

DESCRIPTION OF THE PROJECT

Diagnosis and Special Instruction in Reading, Part E of A Program to Strengthen Early Childhood Education in Poverty Area Schools in New York City, is a decentralized program funded under Title I of the Elementary and Secondary Education Act.

The original project organizing diagnostic and remedial reading services for children in the primary grades was first outlined in a notice from the office of the Superintendent of Schools dated June 7, 1967 and headed "Use of Diagnosis and Special Instruction to Meet Learning Difficulties Interfering with Children's Reading Progress, Grades I - II." The project description included a statement of objectives, a plan for budgetary allocations, and suggested procedures for organizing the new programs in districts already receiving service from the Board of Education reading clinics as well as those receiving no such service. District superintendents were advised to plan with their staffs and to consult "with others" for the development of programs to meet individual district needs. Items to be included in each program were to be listed, and the notice ended with a request that two copies of each district plan were to be sent to the Executive Deputy Superintendent prior to October 15, 1967. Although the paper does not indicate the persons for whom it was intended, it seems nevertheless, to have been directed to district superintendents as well as to pertinent community groups.

The project design was then presented in greater detail at a public hearing held at the Board of Education on August 30, 1967. The proposal reads as follows:

> Diagnosis and Special Instruction in Reading[1]
> (A decentralized program)
>
> It should not be necessary to wait until a child has become retarded in reading before corrective measures are undertaken. A special allotment per school is to be provided for diagnosis and special instruction at whatever point in the 1st or 2nd grade it becomes apparent that a child is in need of special help. This help may come through our reading centers in those districts where they exist or by arrangement with college or university reading clinics with whom contact has been developed. The allotment will be graduated with larger allowances for those schools that do not now have the services of our own Reading Centers.

---

1 Board of Education Summary of Proposed Programs, 1967-68, Title I Elementary and Secondary Education Act, New York, 1967, pp. 35-36.

OBJECTIVES

To improve the level of reading achievement in New York City schools by clinically diagnosing and providing the specialized instruction needed to overcome reading disabilities of children, grades 1 and 2.

To use, in so far as possible, the resources provided by Special Reading Services and reading clinics outside the Board of Education to achieve the Board's objective, grades 1-2.

To develop among selected teachers the specialized skills needed to diagnose some aspects of reading retardation and to provide the special instruction needed to meet learning difficulties interfering with reading progress, grades 1-2.

In the eligible districts now receiving service from Reading Clinics of the Board of Education one of several patterns might be developed with a Budget of $1,000 per school:

Expand diagnostic and teaching staff at present Reading Clinic.

Expand diagnostic staff; return for special instruction by selected school staff all but deep-seated cases; plan for assistance and consultative service by Reading Clinic staff to selected classroom teachers working with pupils diagnosed by clinic.

Set up with aid of Reading Clinic staff or outside clinical help one or two sub-centers in the district for diagnosing problems and providing special instruction to meet learning problems, grades 1-2.

In the eligible districts now receiving no service from Reading Clinics of the Board of Education one of several patterns might be developed, with a budget of $4,000 per school:

Establish a Reading Clinic with the assistance of the Director. (Cost: $71,375 for the first year for salaries, materials, equipment. Two districts may want to pool resources and set up one clinic.)

Establish small sub-clinics in centrally-located areas for diagnosis and training of selected reading teachers in special instructional techniques.

Organize a Reading Team to visit schools to (a) diagnose clinically, (b) provide specialized instruction, (c) give

special training to reading teachers and to grade leaders in Gr. 1-2.

Use the resources of colleges and clinic staffs to assist with diagnosis and/or special instruction. Details will have to be worked out between the director of the college or private clinic and the District Superintendent.

The District Superintendent will plan with his staff, and in consultation with others, for the development of a plan to meet district needs. Each district superintendent will submit his plan to the Board of Education early in the school year.

On the basis of the total funds granted for Title I, the Board of Education issued on October 31, 1967 a revised list of the allocated funds to be used by each district for this proposal.

Although plans had been submitted by October 15 as required, widespread adaptations in most of the districts became necessary soon thereafter. On December 7, 1967 a summary of district plans was submitted to the Executive Deputy Superintendent, summarizing in more specific detail the plans that had been crystallized in each of the eligible districts. Most districts reported their inability to recruit competent personnel. Subsequently, a progress report compiled for the Board of Education in February 1968 showed that a number of further changes had been made in most districts in an effort to get under way with available personnel. A special Board of Education resolution to grant emergency licenses to qualified psychologists helped some districts in their recruitment efforts. Nevertheless, many positions in the categories of psychologist, social worker, and psychiatrist remained unfilled for the entire school year.

CHAPTER II

EVALUATION PROCEDURES

SAMPLING

Of the 30 school districts in New York City, four proved to be ineligible for Title I funds, and four were unable to develop programs during 1967-68 because of inability to recruit personnel. Thus only 22 school districts succeeded in establishing definite programs, using Title I funds, designed to diagnose reading difficulties among children in grades 1 and 2 and to provide special instruction in reading.

The original evaluation design for this program called for the following steps:

1. A survey of all districts to determine the nature of the programs that had been developed.

2. An investigation of newly-organized district "clinics" and "teams."

3. An assessment of augmented services provided by existing Board of Education reading clinics, through the use of interviews and questionnaires.

4. The assembling of data on Title I funding from the Director of Special Reading Services; Board of Education district reading clinics; directors of university or private clinics connected with the program; personnel, schools, and children serviced; and pupil progress as measured by standard tests.

As noted in Chapter I, the organization of a new program gave rise to problems that delayed its full implementation during the first year. Because of the delay in implementation, and because such vital data as the number of children served and their pre- and post-test scores were not available, this evaluation is primarily a description of program implementation with special attention to problems resolved and unresolved.

In attempting to obtain information for this evaluation, the evaluation team conducted interviews with at least one representative of 16 of the 22 districts. It made one, two, or three visits and observations in 11 of these 16 districts. The figures below indicate the number of persons in each category who were interviewed and/or observed:

Table I

Personnel Interviewed in Evaluation Study

Position Title	Number
District Program Coordinator	11
Early Childhood Coordinator	2
Principal	14
Teacher offering direct remedial teaching to children	15
Teacher-Trainer	8
Social Worker	2
Classroom Teacher whose children were being serviced	6
Paraprofessional	4
Psychologist	4
Psychiatrist	1
Director of the Board of Education Reading Clinics	1
Director of university or hospital clinic	4

Some public schools in each of the 11 districts were visited; although eight parochial schools were also receiving Title I remedial assistance, none of these was visited.

STAFF

The evaluation team consisted of three professors of Education at Hunter College and a former member of the New York City Board of Examiners, all of whom had had public elementary school experience. The team was selected to assure realistic appraisals of school situations, of practices observed, and of interview responses.

Prior to the observations and interviews, the Evaluation Director met with members of the team individually and as a group to explain the nature of the project and to pinpoint the areas of investigation. This was followed by a conference of all team members where purposes of the observations, visits, and interviews were crystallized, and where the staff agreed on the following items to be examined:

The functions of all personnel in the project.
An observation of procedures and practices wherever possible.
Interviews with pertinent personnel for clarification.
Reactions of all participants interviewed.
Suggestions and recommendations by participants.
Evidence of attempts to measure reading growth in the children being serviced.

INSTRUMENTS

1. Interviews. Preliminary interviews and visits to schools, district offices, and reading clinics were made by the Evaluation Director in late February and early March 1968. Based upon this initial investigation, the plan for further interviews included the following:

District Superintendents (or their representatives),
Director of the Bureau of Special Reading Services (central office),
Supervisory staff on the district level: Reading coordinators, Early Childhood Education Supervisors,
Directors and personnel of non-Board of Education clinics and institutions with which some districts affiliated,
Consultants and school personnel participating in the program.

2. Questionnaires to first and second grade teachers. In an effort to determine the extent to which teachers were receiving assistance with those children who presented reading problems, the following three questions were added to a questionnaire distributed on April 1, to primary grade teachers by another subdivision of the project, A Program to Strengthen Early Childhood Education in Poverty Area Schools.

a. How many children in your class are presenting serious reading problems?

b. Have any district or diagnostic remedial services been made available to you?

c. If you have answered yes, please describe briefly the type and frequency of this service, and indicate how many of your children are being treated.

3. Questionnaires to District Superintendents. Continuing difficulties in organizing and securing personnel were found in visits by the Evaluation Director; therefore, a final questionnaire was sent, on May 1, to all superintendents of districts eligible for inclusion in the program, seeking to determine, among other things, exactly what positions and services were in effect as of May 10, and what positions originally planned were still unfilled.

All instruments are included in Appendix B.

CHAPTER III

FINDINGS

PERSONNEL

As a result of Title I funding, the following positions (not always with the same titles) were created for eligible districts. No single district, however, managed to fill all of the positions. Their distribution is shown in Appendix Table A 1.

Reading Counselor - a specially assigned teacher who gave direct diagnostic and remedial service to children.

Teacher Trainer - an experienced teacher who herself was usually receiving instruction from specialists and whose function it was to train teachers in the school she visited.

Trainer and Counselor - a position in which a teacher trained others in addition to working directly with children.

Coordinator - a teacher or supervisor who was assigned to coordinate the program for a district.

Psychological Consultant - a position existing only in districts that were affiliated with hospital or university clinical facilities.

Psychologist - a regularly licensed psychologist who made diagnoses on the basis of psychological tests, observations, and interviews.

Psychiatrist - a doctor who diagnosed and briefly treated cases where reading difficulties were part of much deeper disturbances.

Social Worker - an accredited person to work with children and parents where family assistance was required.

Guidance Counselor - a school staff member who usually assisted psychologists and social workers in work with children.

Secretary - a member of the school office staff who had responsibility for all clerical work, reports, attendance, and other such details.

Family Assistants - laymen who were assigned to districts having social workers to facilitate contacts with families and visits to homes.

Paraprofessionals - people, usually indigenous to the neighborhood, who were listed under various titles such as Educational Assistant, Educational Aide, or Teacher Aide, depending upon the educational training that they had received. They performed a variety of activities, under teacher direction, such as preparing charts and other materials for use with individual children, escorting children to and from reading clinics, reading rooms, etc. In most districts, it was customary to insist that paraprofessionals live in the immediate school neighborhood.

IMPLEMENTATION PATTERNS

The variety of plans that had been initiated to provide diagnosis and special instruction in reading for primary grade children was so great as to defy generalization. Plans that seemed to employ similar personnel frequently utilized them in different ways. As a result, no two plans were identical, either in the categories of personnel and their functions or in procedures.

One factor common to all districts was the absence of any standardized tests, both at the beginning and at the end of remedial instruction, on which objective evidence of growth might be based. Although first-grade children throughout the city had been given a reading readiness test in the fall of 1967, there was no end-term readiness or achievement test. In the second grade, no initial test was given early in the year, but the Metropolitan Achievement Test in reading was given in April 1968. In this project, the lack of test data was not critical since most of these programs did not begin until February or March. As late as April 1, incomplete returns to the primary teachers' questionnaire indicated that only 30 of 101 schools were receiving reading assistance for their children. (These responses may represent a stratified sample since interviews and visits, at this time, did indicate initiation of most new programs.)

For purposes of this evaluation report the various plans are grouped as follows :

Hospital and University Affiliated Plans

District A - The plan evolved in this district between the institution and the schools was based upon the twenty years of experience the institution had in dealing with children who displayed various types of language disability. A longitudinal study it had made of these children had demonstrated persistence of perceptual problems and the positive relationship between improved perception and the ability to deal with language tasks. The planners questioned

the effectiveness of applying remedial techniques without first ensuring adequate perceptual abilities. The emphasis in this program was on training teachers in methods of perceptual stimulation in children with reading disabilities. Pupils who were referred by guidance counselors to the clinic received an intensive psychological, educational, and neuropsychiatric evaluation. The clinic staff interviewed parents, then conferred on the diagnosis (a copy of which was sent to the school guidance counselor), and finally, made plans for specific remedial exercises and techniques for use with each child. Children who were mentally retarded or who had severe emotional problems were referred to other clinics of the institution. Since this district also had the services of the Board of Education Special Reading Clinics, children whose reading problems were not due to perceptual difficulties were referred to the regular district reading consultant for special assistance.

The clinic had the services of two teacher-specialists, who were paid by the Board of Education and whose assignment was to prepare a series of lessons and exercises tailored to the needs of each child. The specialists met weekly with the reading coordinator or corrective reading teacher from each school for a conference and training in the use of the specific material. After receiving instruction and, occasionally, specially prepared materials, the teacher returned to her school and worked with the child for approximately one-half hour each day.

Observations of the training of teachers and also, in the schools, of teachers working with children, indicated that this program was well received. The five teachers interviewed were unanimous in reporting that the clinic training had been very helpful. There were also evidences that teachers not in the program were becoming sensitive to children's perceptual difficulties and were asking to utilize materials and techniques obtained from their colleagues. Classroom teachers were enthusiastic, as were the parents, about improvement in the children's reading ability and also in their attitudes towards school.

Principals who were interviewed were all convinced of the effectiveness of the program The reservations expressed dealt not with the program itself but rather with the unmet needs of their schools. They felt that the loss of a reading teacher necessitated by clinic attendance one morning each week was too great in terms of the number of children being served and the still larger number needing assistance. Thirty teachers had been visiting the clinic weekly for assistance in working with approximately forty children during a four-month period. No school listed more than three children under treatment, and most had only one. Despite the serious shortcomings reflected in these figures, principals were all eager for the program to be continued. One principal who had not been interviewed sent in an unsolicited letter praising the program's effectiveness and urging the need for its continuation.

The clinic staff of the institution was impressed with the enthusiasm and dedication of the teachers with whom they worked. They felt also that one of the values of the program was that it was geared to the individual and not to the group. They fully agreed with principals that teachers do not have time for all the children who need such help and that this program would be of greater value if a full-time teacher were assigned to each school to work exclusively with the children whom the clinic was treating.

District B - In this district four schools were serviced with attention concentrated on children in grade 1 only. Each school selected ten children with the most difficult reading problems and was allowed the half-time services of one experienced substitute teacher to meet the needs of these children. The four teachers were carefully selected on the basis of previous experience as regular teachers and on ability to participate effectively in this program. Each teacher worked in her school for two days offering direct service to five children for one hour on each of these days. An additional half day each week was devoted to training and consultation at the psychiatric center of a local institution. There, the four teachers attended a one-hour lecture and discussion period with a psychiatrist and received more specialized guidance relating to reading problems from the psychologist and a reading consultant. The inability to secure a social worker for this program, as originally planned, limited the opportunities for these part-time teachers to meet with parents. However, the one hour a week that each child spent with the teacher was considered very helpful. As in all other programs, no initial and final measurement of progress was available.

District C - In this district three classroom teachers from each of three public and one parochial school were chosen to participate in the project. They attended a ten-session training course given by the director of a Learning Disability Clinic of a local institution with which the district became affiliated. This course proved to be so popular that it was attended not only by the 12 teachers in the program, but also by many others who came voluntarily. All who attended felt that the course was exceptionally practical and helpful.

The 12 teachers helped to choose, from their respective schools, those children in grades 1 and 2 who needed special attention in reading. On the basis of the training they had received, these teachers worked with selected children and were assisted by the clinic team of a psychiatrist, psychologist, and reading consultant, who visited each school once a week to confer with teachers and with parents and to provide guidance in individual and small-group instruction.

Of approximately 150 children initially referred, more than 100 were examined by one or more members of the team. Twenty of these children were referred to other hospital clinics for more specialized help.

Despite limitations of time, space, materials, and personnel, this program was reported to be very favorably received by parents, community representatives, teachers, and supervisors. As in other programs, no test results were available, but there was general agreement that most of the children had benefited from inclusion in the program and that many had made considerable progress in reading and in school behavior.

District D - In this district, one or two teachers from each of ten schools were selected to work with a university with which an affiliation had been established. All of these teachers met once a week for an inservice training course given by a member of the university staff. The basic assumption of the course was that for teachers working essentially with entire classes or groups, no single method or program is effective in helping all pupils. The course, therefore, aimed to train teachers in diagnostic services for entire classes and to provide them with differentiated remedial approaches for the children in their classes. No basal reader was used, but each teacher in the course was provided with a great variety of materials so that she might have something available that was particularly appropriate for each of her pupils. In one second-grade classroom that was visited, the teacher had the Sullivan Program Reader, Random House Skill Starters, and a variety of trade books that were being used in an individualized reading program. Some classrooms were also provided with paraprofessional assistants who helped children select books and who worked with small groups under the teacher's direction.

The university administered the California Reading Test Form W in June 1968, but according to the data given to the Evaluation Director, the classes in the program did not score significantly higher than control classes not in the program. Some of the teachers interviewed were enthusiastic about the help they had been given in diagnosing difficulties and about the materials that had been provided. According to the director, half the teachers found the program very helpful while the other helf felt that it was too difficult for them and that they needed more help in utilizing the materials and in understanding the methods to be employed.

District E - In this district, an affiliated university provided one full-time and four part-time clinicians all of whom were specialists with considerable experience in reading programs, and three were current doctoral candidates. Their functions were to provide teacher training in the two schools in the program, to demonstrate small-group instruction procedures, to provide diagnostic services, to help structure the reading program, to conduct workshops for parents, and to train and supervise the paraprofessionals associated with the program.

In addition, three professors of the university served as consultants to the clinicians and teachers in the discussion and treatment of difficult cases. Children in need of special treatment or testing were taken to the reading clinic of the university.

The six paraprofessionals on the program staff worked in the classroom under the direction of the clinicians and the classroom teachers. Paraprofessionals were observed in some classrooms where they were working with two or three children, explaining various written or printed forms (in Spanish where necessary).

The Merrill Linguistic Series particularly was used to help children with the "decoding" process in reading. Intensive work seemed to be done in the first three books of this series. Children were using word banks for putting sentences together and writing words on the board, the letters of which they then changed to form new words for their vocabulary.

Teachers who had prior experience with basal reading series considered this program to be more relevant to the needs and interests of their students. The professional personnel in the program were convinced that progress was being made. They also felt that more time should be provided for intensive inservice work with teachers. Teachers and supervisors agreed that little objective testing could be done because standardized tests in reading were beyond the level of their children.

Part-Time Plans (After School Reading Centers)

District F - Three Diagnostic Reading Service Centers were set up in three schools of this district to which children from eight public and one parochial schools were referred. This program was well-organized and well-structured. Twelve hundred first-grade children in the district were first screened with the New York City Pre-Reading Assessment Test. Two hundred children receiving the lowest scores were then given individual diagnostic reading tests and one hundred of them were finally recommended for assistance in the program.

Ten paraprofessionals participated in the program. They represented different levels of training, and though their official titles were School Aide, Educational Associate, and Educational Assistant, their functions were interchangeable. Children attended the centers from 3:00 to 5:00 P.M. for three days weekly and were brought from their home schools to and from the center by the paraprofessionals. In addition to the task of escorting children, paraprofessionals assisted teachers in preparing material and frequently worked directly with children in small groups. Personnel in the program also included two college professors who served as consultants and who conducted training sessions for the six teachers in the program and for the paraprofessionals.

The three guidance counselors, one in each school center, worked with children and parents and made referrals to clinics and to the psychologists. In general, they were concerned with children who presented other problems in addition to reading difficulties. The three psychologists interviewed the children referred to them and carried on psychological and diagnostic testing as required. The three social workers and three family assistants maintained contacts with families, holding interviews and making home visits to convey to parents an understanding of the program and to enlist their support in situations where home cooperation was a prerequisite to resolving the children's difficulties.

The program started off with an enrollment of ninety children, of whom 75 remained to the end. At various times in its progress, the Durrell Readiness Tests were given to all but the non-English speaking children and a variety of diagnostic material furnished by the consultants was used when necessary. Although parents seen by teachers and administrators seemed pleased with the program, they did not participate in either afternoon or evening meetings that were scheduled. One meeting for parents of all the children in the district had only four in attendance, and when meetings were arranged for parents, either in the afternoon or evening at each of the separate centers, they were attended by from one to five parents.

The program director and teachers at one of the centers indicated in interviews that all children made some perceptible progress. They agreed that the training given by the consultants had been excellent and that the paraprofessionals were invaluable aides escorting the children, serving refreshments, preparing materials, helping with games, and working with small groups of children who needed assistance.

However, all program staff members felt that these young children were too tired for a program to be effective in the hours from 3:00 to 5:00 P.M. They found that some children were exceedingly restless and that much of the time had to be devoted to playing games and carrying on recreational activities. They also discovered quite a few disturbed children in the classes, and under these circumstances, it was thought that the ratio of 15 children to one teacher was far too high. In evaluating the services of other personnel, teachers felt that the guidance counselors and the psychologists were less helpful than were the others in the program. The sending schools reported that although all children had made some progress, both in their reading skills and in their attitudes towards school, the greatest progress had been made by non-English speaking children. This was probably due to the fact

that these children had language problems rather than reading problems and that the program helped them to acquire the language skills necessary for learning to read.

The various personnel interviewed recommended that time be taken from the regular school day in each school to establish this service rather than keeping it with the after-school program. They contended that the consultants could come in to train all teachers on the grade and that psychologists and social workers could move from school to school if necessary. Such a program carried on during the school day would eliminate the problems caused by (1) travel, (2) fatigue of children, (3) excessive fatigue of teachers who had already worked a full day, and (4) restless children.

District G - The program in this district was also an after-school program functioning from 3:00 to 5:00 P.M. Fifty children, selected from second-year classes in five public and two parochial schools received individual help in after-school centers. The five teachers who provided the instruction were carefully selected by the district reading coordinator who served as consultant. She held initial orientation sessions and then met with the five teachers very frequently during the after-school teaching sessions. Unlike those in District F, the participants in this district expressed the feeling that the children were profiting from the instruction. Teachers' records showed that most of the children were progressing satisfactorily. While the teachers worked with individual children, paraprofessionals supervised and assisted other pupils.

The psychologists assigned to the program tested more than 70 per cent of the children and the social workers had seen most of the parents by the middle of June. Psychologists, social workers, teachers, and reading coordinators held frequent conferences.

Reading Clinic Programs

Eight districts[2] chose to set up plans which were affiliated with and supervised by the Board of Education Special Reading Services, as the remedial reading clinics are known. These districts had the advantages of moving into a highly professional and well-structured program with its extensive experience, techniques, and materials readily available to them. Their programs thus began to function effectively more rapidly than did those that were evolved independently in other districts. It was evident that the teacher trainers affiliated with this program had more expertise and experience and were, in most instances, more effective than others without their intensive training.

[2]One of these also had institutional affiliation.

Even though they shared joint supervision, the eight programs were not identical. Some programs provided for reading counselors, some for teacher trainers, and some for both positions. Furthermore, some districts included in their plans, positions for psychologists, and/or full-time or part-time social workers, and some used para-professionals in a variety of ways.

The reading counselor and/or teacher trainer were selected jointly by the director of Special Reading Services and by the district superintendent. The specific kinds of personnel that were recruited to the program, the general method of functioning, and the schools which were to be serviced were determined by the superintendent. Every other week, reading counselors, teacher trainers, psychologists, and social workers conferred for a half day or a day with the director, at the Bureau of Special Reading Services. Here, problems were discussed, reading counselors were given assistance in offering direct services to children, teacher trainers were given direction in working with teachers, and the roles of psychologists and social workers were more fully defined. The Evaluation Director attended one of these conferences and was impressed by the enthusiasm and dedication of the persons involved and by the highly professional exchange of ideas and materials. In general, personnel in these programs functioned as follows:

Reading Counselor - The reading counselor first held a conference with the supervisors and the early childhood coordinator of the school to determine the needs of the children and to provide for allocation of space, equipment, and materials. Following this conference, first- and/or second-grade teachers submitted the names of children who were not progressing with the class in reading, or for whom reading disability was predicted. The reading counselor then examined record cards for family information, language spoken at home, mobility, and other pertinent notations, such as test scores and health, visual, or auditory defects.

Formal and informal diagnostic tests were then given to the child. Visual discrimination and coordination were checked by having the child match pictures, letters, words, or designs. Auditory discrimination was measured by the child's ability to repeat sounds and rhythms or to rhyme words. Also examined were comprehension, visual-motor skills, verbal responses, and motor coordination. The Bureau of Special Reading Services provided each counselor with a variety of commercial and teacher-made tests and exercises, and with training in their use in diagnosing children's difficulties. Further conferences were sometimes held with the teacher and the guidance counselor, who then devised a remedial program for each child. Here again, a variety of materials was available to develop visual and auditory perception, vocabulary enrichment, word recognition skills, and comprehension skills.

Social Worker - Where a social worker was part of the program, she arranged meetings with parents to explain the program and their role in it. She also held individual parent interviews to discuss the child and possibly the family and its problems. Conferences and interviews with the child, with his teacher, and with the guidance counselor, and securing the cooperation of the home, were also part of her functions.

Paraprofessional - Regardless of the title given the paraprofessional, whether it was Aide or Educational Assistant, her function seemed to be to conduct reading or language games with small groups while the reading counselor was assisting others. She also read stories, helped with activities that develop motor coordination skills such as cutting, coloring, pasting, etc. Where necessary, she worked in a one-to-one relationship with a child and checked vocabulary or alphabet recognition. In some districts, the paraprofessional also took care of such clerical and routine services as checking library books and attendance, and making sure that the supplies and materials needed for the lesson were at hand. Other duties included duplicating of materials provided by the reading counselor and escorting children to and from the classroom or, in some cases, from one school to another.

Teacher Trainer - Teacher training was conducted with individual classroom teachers as well as with groups of teachers. Conferences with individual teachers included a discussion and demonstration of techniques and skills and of materials of instruction. Assistance was given individual teachers in treating specific children. These teachers reported as very helpful the demonstrations given them by teacher trainers working with their children. They also valued suggestions which could be communicated to parents.

The teacher trainer also worked with groups of teachers, sometimes giving complete inservice courses. The following topics were discussed in one district in weekly sessions:

1. Identification and Diagnosis of Pupils' Reading.
2. Techniques and Procedures for Developing Auditory Discrimination.
3. Guidelines for Planning the Instructional Program in Reading.
4. Techniques and Procedures for Developing Skill with Initial Consonants.
5. Techniques and Procedures for Introducing and Developing Comprehension Skills.
6. Techniques and Procedures for Introducing and Developing Phonetic Analysis.
7. Demonstration and Selection of New and Available Commercial Materials.
8. Demonstration of Teacher-Prepared Materials.
9. Discussion of Problems in Classroom Management.

10. Techniques and Procedures for Setting Up Individual Reading Programs.
11. Sensitivity Training.

Reactions of district personnel were consistently positive. Classroom teachers and reading counselors felt that children had gained considerably as a result of the program. Some children had moved beyond the preprimer level while the less mature showed an increase in reading readiness. The social workers interviewed also believed that children had made progress, and principals who were questioned felt that the program was of great value, not only in helping children but also in its positive effect on community morale and relations with parents. Techniques developed by reading counselors were used by other teachers, even in schools having no teacher-training personnel.

The supervision of project personnel by the Bureau of Special Reading Services gave immediate and positive direction to the various programs. All personnel were required to keep logs, to submit plans, and where possible, the teacher trainers were also asked to prepare and develop materials for use by teachers.

There were some negative aspects of the program, chiefly of an administrative nature. No Title I funds were allotted to the Bureau of Special Reading Services for supervision, secretarial work, materials, and other assistance with which it provided teachers. Furthermore, several districts reported that no Title I funds for the purchase of necessary materials were made available at any time in the year. Another serious difficulty lay in the large number of schools that were designated to be serviced by the reading counselor and/or by the teacher trainer. In one district, the teacher trainer assigned to eight schools visited them in rotation for one day each. Thus, any single school would have her services every ninth day, adding up to five visits per school during the spring semester.

In another district, the principal designated five schools which were to be serviced by the teacher trainer for one full week at a time. In this district, she visited each school every sixth week, and since these programs did not begin until late in February or in March, each of the schools in this district was visited only two full weeks during the spring semester.

In most districts, teacher trainers did not have time to meet with all the teachers who wished to see them personally as well as with small groups who had common problems. In some schools, lack of materials and lack of storage facilities presented serious problems. Intensive interviews with reading counselors and teacher trainers in these programs seemed to indicate the following:

Factors that helped the effectiveness of the program.

1. The assignment of a room for working with children or teachers.
2. The assignment of definite storage facilities for materials.
3. The receptivity of supervisors.
4. The "tone" of the school.
5. Parent workshops in which parents were given "lotto" and similar games to play with their children.

Factors that hindered the effectiveness of the program.

1. Community pressure for high reading scores.
2. Pressure by supervisors to begin immediately the development of reading vocabularies, etc. - stages for which children were not ready.
3. Seriously troubled children who needed individual help by psychologists rather than by reading counselors.
4. Children from large families who had learned "to tune out" and needed special help in developing listening skills.

OTHER PLANS

The remaining districts had a variety of independent plans with many aspects to be found in the plans already described. Some districts concentrated only on first-grade children while others provided assistance to second-grade children only. Some districts had reading counselors, and some had teacher trainers and some had both. Two districts had psychologists, one had the part-time services of a psychiatrist. Two other districts had planned to utilize part-time psychiatrists but, as of May 10, the positions were still unfilled. The two plans described below are typical of district plans which do not fit into any of the categories described above.

In one of these districts, approximately 16 per cent of the children in the first grade were being serviced by this project. In the second grade, four per cent of the pupils were included. Three schools were involved, each with a reading counselor, and two of them, with a paraprofessional.

The classroom teacher screened out those youngsters who seemed to have difficulty in learning because of personal or social problems, but referred to the reading counselor those in whose case

reading disability was predicted. The reading counselor used formal and informal tests to diagnose disabilities, especially in the areas of visual, perceptual, and motor coordination, and then referred the children to the psychologist for further testing.

Children were taken from class each day in small groups of one or two, to engage in prescribed activities in a reading center. In the two schools having paraprofessionals, they worked with the teacher to offer additional drill opportunities to individual children or to help others complete an assignment given by the teacher. The classroom teacher, the reading counselor, and the psychologist all kept records of diagnoses and estimates of progress.

In another district in this category, seven schools were serviced by a project director, three project teachers, six paraprofessionals, and one psychiatrist who devoted two and a half days per week. The reading counselors were itinerant and, after making initial diagnoses with commercially available tests and materials, they referred severely disturbed children to the psychiatrist for further examination. Children were then grouped together and placed with a reading counselor according to their needs. In this district, emphasis was placed on the use of Frostig materials to develop visual perception.

SUMMARY OF FINDINGS

1. This project facilitated the earlier identification and referral of children with various types of reading disabilities.

2. The project made possible closer and friendlier relationships between parents and school personnel; through efforts to involve parents in the total reading program, the intervention of paraprofessionals or social workers, and through these direct parent contacts initiated by school personnel to help in resolving their children's reading problems.

Where schools were able to obtain parent reactions, through informal interviews with teachers or supervisors, comments were positive and parents expressed appreciation that their children were receiving special attention.

3. In many cases, these programs provided children with their first school experience in which they received the undivided and sympathetic attention of an interested adult. The allotment of aides or assistants, the efforts to maintain small groups, and the setting up of a one-to-one relationship, where possible, between a child and a sympathetic adult -- all these helped provide for a greater degree of individualization than is possible in most classrooms.

4. There was general agreement among school personnel, clinicians, and parents, that more children needed such help, and need it on a more sustained, continuous basis.

5. The assistance given by affiliated university and hospital clinics added, in most cases, a new dimension to the instruction given teachers.

6. Personnel assigned to the project were sincere and dedicated to their tasks.

7. Districts which utilized the supervisory services of the Board of Education Special Reading Services Clinics had the advantage of beginning promptly with a structured program and with tested materials. Teacher trainers not affiliated with this service were deemed less effective in training other teachers in their districts and were reported, in some instances, to be "floundering."

8. Adherence to the requirement that paraprofessionals be recruited from the immediate neighborhood was not always in the best interests of the children or of the program. In some districts, even minimally qualified paraprofessionals were not available, while in other districts there was an excess of suitable applicants.

9. Second-grade children in all districts that included them in the program were reported to have made more progress than did first-grade children. While no pre- and post-test data were available to substantiate this general impression, response from personnel in various roles indicated their perception of greater progress evident among second-grade children.

CHAPTER IV

RECOMMENDATIONS

The inclusion of both the planning phase and the actual initiation of a complex program within one school year imposes severe limitations on its quality and effectiveness. The spring of 1968 should have been devoted entirely to planning and to an exchange of ideas among districts in anticipation of the decentralized program scheduled to begin the following fall. Failure to allow for sufficient time for preparation, prior to the initiation of the program, resulted in some hastily conceived plans and plunged personnel into positions that were not clearly delineated and that called for more training than they possessed. If this project is to be funded again, adequate time should be devoted to careful planning based on revisions dictated by the prior year's experience.

Lack of materials and equipment plagued many programs this past year. In some instances, as in the eight districts affiliated with the Board of Education Special Reading Services, no Title I funds were allotted for materials; in other cases, delivery of supplies was delayed. Efforts should be made to secure all necessary material before the program begins. This may require changes in procedures for ordering and securing equipment. Such changes should be effected at once so that future programs may start without handicaps.

If valid and objective measurements of pupil growth are to be made, some measure of achievement level should be required at the time of referral and at the end of the program. Though such measures of progress would have been of little value this year because of the program's short duration, a program that is functioning for the major part of the school year should incorporate required measures of growth with beginning- and end-year testing of the children being serviced.

On the basis of the uniformly favorable reports of progress among second-grade children, this evaluator would suggest a change in emphasis for the next such program. The main focus of this program should be the second-grade child. Children at this grade level will have already been identified in terms of their success or failure in reading, and valid referrals for remedial assistance can be made at the start of the year. Furthermore, the early part of the school year might be more profitably utilized by the clinics if they concentrated their efforts on this grade level.

So much natural development takes place during the first grade that it is difficult to separate developmental lags from more complex problems which create disabilities. Where diagnoses by teachers and psychologists indicate genuine reading problems, referrals of the first-grade children may then be made at any time during the year and remediation efforts begun. These first-grade children, after identification and diagnosis of their difficulties, might then be absorbed into the ongoing clinical program available in each district.

Since there were far more children who needed remedial assistance than received it, superintendents should be urged to either limit the selection of schools or to provide more personnel for the present number of schools. Children who see a reading counselor every ninth day or every sixth week are not receiving adequate remedial assistance. Similarly, large numbers of beginning teachers do not receive sufficient instruction and assistance from teacher trainers whose assignment include too many schools for them to handle adequately.

Efforts should be made to organize city-wide workshops or conferences for the orientation of reading counselors and teacher trainers who are working in districts unaffiliated with the Board of Education Special Reading Services.

In the interests of a more effective program, principals and superintendents should be permitted to recruit qualified paraprofessionals from any geographic area rather than being restricted to the immediate school neighborhood.

The part-time after-school programs should be incorporated into the regular school day so as to eliminate the factors of pupil fatigue and the burden of travel from a school to a reading center.

A sufficient number of teacher trainers should be available so they may devote a major portion of their time to assisting first-grade teachers particularly so that initial instruction in reading may be as effective as possible, and genuine reading disabilities detected early or prevented entirely.

The relatively short time in which this entire program was in operation precluded the possibility of making any comparisons among the various categories of reading programs. However, in any future evaluation, it is recommended that such comparisons be considered, so that the optimum combination of factors might be included in setting up diagnostic and remedial services for children.

APPENDIX A

TABLE AI

SUMMARY OF PROJECT PERSONNEL AND SERVICES

CATEGORIES

I = UNIVERSITY OR HOSPITAL AFFILIATION
II = PART TIME PLANS
III = SUPERVISION OF SPECIAL READING SERVICES
IV = OTHERS

Category	District	Reading Co-ordinator	Reading Counselor	Teacher Trainer	Combined R.C. & T.T.	Guidance Counselor	Social Worker	Psychol-ogist	Psychi-atrist	Reading or Psych. Consult.	Secretary	Family Assistant	Para-professional	No. of Public Schools	Parochial Schools	Title I Funds Allotted
Hnd	A			1	2									16		27,335
I	B		4[a]				(1)	1[a]	(1)			1		4		11,481
I	C				1			1	1	1				3	1	17,499
I	D			3							1		7(2)	10		64,000
I	E			1+4[a]						3			6(1)	2		12,104
II	F	1[a]	6[a]			3[a]	3[a]	3[a]		2[a]	3[a]	2[a]	10[a]	8	1	24,047
II	G	1	5[a]				2[a]	2[a]			1[a]		2[a]	5	2	10,000
III	H		(1)	1										5		16,403
III	J		2											5		4,407
III	K	3	(2)				(2)	1			(1)			5		52,204
III	L		1				1						1	2		8,600
III	M	(1)	1(2)											5		68,510
III	N		1	1			2[a]						2	7		26,741
IV	O		2											2	3	5,628
IV	P		2[a]										2	2		7,200
IV	Q				2									8		21,577
IV	R		4			8[a]		1[a]					8[a]	3		46,319
IV	S	1	3(1)						1		(1)		6(2)	7		79,200
IV	T		1				1	(1)				1		4		10,615
IV	U		2				1[a]	1[a]	(1)		(1)	1		4		28,910
IV	V		2											1	1	15,500
IV	W		3					1					2	3		28,212

[a] - Part-Time Assignments
( )- Figures in parenthesis indicate positions originally planned but unfilled as of May 10, 1968

APPENDIX B

CENTER FOR URBAN EDUCATION

May 10, 1968

To: (District Superintendent's Name filled in).

From: Dr. Philip Kraus, Evaluation Director

Re: Title I Evaluation of Program for Diagnosis and Special Instruction in Reading, Grades 1 and 2.

In accordance with the contract with the Board of Education, the Center for Urban Education has undertaken the study of the E.S.E.A. Title I Program to Strengthen Early Childhood Education in Poverty Area Schools in New York City. One part of this program provides for the development of additional services for Diagnostic and Special Instruction in Reading (5E).

Several surveys have indicated that the original proposals submitted for this project have been modified considerably in many districts. At this time of the year, it is important that we obtain additional information concerning modifications in proposals and implementation to date in each district.

Please return the enclosed questionnaire as soon as possible. This will facilitate the required investigation of the on-going programs this year.

Return envelope enclosed:

Dr. Philip Kraus
Hunter College
695 Park Avenue
New York City, 10021

5E 1
B2 Dist. Supt.

District #_____ Date_____

Form Completed by:

Name_____Position_____Tel.#_____

1. Please list the additional positions and services that were proposed in your district for DIAGNOSIS AND SPECIAL INSTRUCTION IN READING.

   a. Positions:

   b. Services:

2. What revisions have been made in terms of the original plan?

3. Why were these revisions made?

4. As of May 10, which of the proposed positions have been filled?
NOTE: If position is that of "teacher," specify whether it is in the role of "teacher-trainer" or the role of providing direct services to children.

_____

_____

_____

_____

_____

_____

5. Please list schools in your district currently receiving services for Diagnosis and Special Instruction in Reading.

6. How much Title I money has been allocated to this project?

7. Name of person in charge of this project in your district:

Name_____

Address_____

Telephone #_____

8. Additional Comments:

PROJECT 5E

CENTER FOR URBAN EDUCATION

A Program to Strengthen Early Childhood Education in Poverty Area Schools: Diagnosis and Special Instruction in Reading

Interview Guide with Sampling of Principals

1. What personnel and/or remedial reading services has the district made available to you for primary grade children?

2. How have teachers been oriented to the new services available?

3. What is your Grades 1 and 2 total register?

4. How many of these children have been referred for remedial assistance?

5. On what basis were they chosen?

6. Is there a waiting list of children for whom no services are as yet available?

7. Are there any objective test scores available for the children who have been referred?

8. Are you planning any end-year reading achievement tests for Grades 1 and 2?

9. What are teacher reactions to the effectiveness of the remedial reading programs?

Philip E. Kraus

PROJECT 5E

CENTER FOR URBAN EDUCATION

A Program to Strengthen Early Childhood Education in Poverty Area Schools: Diagnosis and Special Instruction in Reading

Interview Guide with District Superintendents (or their representatives)

1. How much Title I money has your district received?

2. How much of this has been allocated to remedial reading services for the primary grades?

3. What additional positions and/or services have been planned?

4. As of May 1, 1968, which of these positions have been filled? Which are still unfilled?

5. What schools are currently being serviced?

6. Has there been any orientation of teachers in connection with the new services available?

7. How are the mechanics of referral handled?

8. Was any objective measure of reading level or disability obtained at the time of referral of each child?

9. Is any final objective measure of growth planned?

10. What have been the reactions of your staff concerning the effectiveness of the new program?

Philip E. Kraus

PROJECT
5E

CENTER FOR URBAN EDUCATION

A Program to Strengthen Early Childhood Education in Poverty Area Schools:
Diagnosis and Special Instruction in Reading

Interview Guide with Director of Reading Clinics

1. What districts have allotted Title I funds for the expansion of clinical services for their primary grades?

2. How much money has each of these districts provided?

3. What additional personnel and services have these funds purchased?

4. As of May 1, 1968, what positions have been filled? Which remain unfilled?

5. In each district, what schools are being serviced?

6. How many children from each school have been seen so far?

7. How many from each of these schools have been referred for treatment?

8. Was any objective measure of reading level or disability obtained at the start of treatment?

9. Is any final objective measure planned?

10. How will progress be measured?

11. In the opinion of your staff and yourself, which of the various organizational patterns of services that you are providing seems most effective and promising?

Philip E. Kraus

APPENDIX C

Staff List

Dr. Philip E. Kraus, Evaluation Director
Professor of Education
Hunter College of the City
University of New York

Dr. Miriam Balmuth
Assistant Professor of Education
Hunter College of the City
University of New York

Dr. Harold Judenfriend
Associate Professor of Education
Hunter College of the City
University of New York

Mr. Arthur Klein
Retired Former Chairman
N.Y.C. Board of Examiners

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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CENTER FOR URBAN EDUCATION
EDUCATIONAL RESEARCH COMMITTEE
ESEA TITLE I EVALUATIONS

SUMMARY REPORT

Date: October 1968

Project: (05E68) A Program to Strengthen Early Childhood Education in Poverty Area Schools: Diagnosis and Special Instruction in Reading (A decentralized program)

Evaluation Director: Philip E. Kraus
Professor of Education
Hunter College of the City
University of New York

UD 009 311

A PROGRAM TO STRENGTHEN EARLY CHILDHOOD EDUCATION IN POVERTY AREA SCHOOLS:
DIAGNOSIS AND SPECIAL INSTRUCTION IN READING
(A decentralized program)

PURPOSE

This decentralized project provided Title I funds to each eligible school district in New York City for the organization of special reading programs for children in Grades 1 and 2. The original proposal contended that it should not be necessary to wait until a child has become retarded in reading before corrective measures are undertaken. District superintendents were, therefore, requested to establish programs which would provide diagnosis and specialized instruction for first- and second-grade children who were presenting reading disabilities.

Several suggestions for such programs were given. Districts that were serviced by the Board of Education Reading Clinics were invited to seek expansion of these services to provide the district with additional subclinics, and with more personnel, more diagnostic services, more consultative services, and a training program for selected classroom teachers.

For those eligible districts which were not receiving the services of Board of Education Reading Clinics, it was suggested that new clinics and subclinics be established; that reading teams of specialists be organized to visit schools to provide diagnosis, special instruction, and teacher training; or that districts become affiliated with college and hospital clinics in order to be able to utilize their personnel and resources.

METHODS

Twenty-six of the thirty districts in New York City were eligible to receive Title I funds, and all of their superintendents were contacted. Because of funding delays and persisting difficulties in recruiting qualified personnel with the special skills required, four of these districts were unable to establish programs this year. Interviews were held with at least one representative of 16 of the 22 districts, and the evaluation team conducted intensive visits and observations in 11 of these 16 districts. In almost all districts, lack of personnel forced compromises with original plans so that most programs did not begin until February or March 1968.

Evaluation of the programs was based upon questionnaires, interviews with representatives of every level and every type of personnel, and upon observations of programs in action.

FINDINGS

On the basis of observations and responses of all who were interviewed, it seems that this project has facilitated the earlier identification and referral of children with various types of disabilities. Furthermore, supervisors, teachers, and parents reported that children who were given special reading instruction improved in their reading skills and in their attitudes towards school. Second-grade children were reported to have made more progress than did first-grade children. Since parents' cooperation was required in many of the programs, better relationships were developed between the school and community. What was impressive in all districts, was the sincerity and dedication of all participants in the program.

Programs were enriched and were usually more effective when districts affiliated with a hospital or university clinic, or with the Board of Education's Special Reading Services. In some cases, new approaches were attempted, and in others, districts benefited from the experience, structure, and facilities of the affiliated institutions. The training of teachers also seemed to be more intensive because of greater expertise of the teacher trainers.

Other districts organized their own programs, with teams of reading consultants and teachers, psychologists, psychiatrists, and social workers. Almost all districts employed paraprofessionals who performed a great variety of duties. Two districts conducted part-time programs which operated from 3:00 to 5:00 P.M.

Nevertheless, there was general agreement in all districts that more children needed remedial instruction than were being serviced, and that there was insufficient personnel to assist all the teachers who needed and had requested further training in techniques of teaching reading.

A good many paraprofessionals were used in these programs, and while many were excellent, an adequate supply of paraprofessionals was not always available within the community requiring their services.

In no district did the program function long enough to be able to test growth and progress with objective, standardized tests. Whatever progress is noted here, is based upon the reports of principals, teachers, parents, and project personnel.

RECOMMENDATIONS

If these programs are to be continued in 1968-69, the month of September should be spent in replanning and revising programs wherever necessary, and in intensive training of project personnel. City-wide workshops or conferences of reading consultants, teacher-trainers, and other project personnel would provide a medium for the exchange of ideas and discussions of successful practices.

Lack of materials and equipment hampered many programs. It may be necessary to change procedures in ordering and obtaining supplies so that all programs may start without handicaps.

Teacher-trainers should devote themselves to assisting first-grade teachers so that initial instruction in reading may be as effective as possible. Large numbers of beginning teachers do not receive sufficient instruction and assistance from teacher-trainers. These teachers can be helped only if more teacher-trainers are employed or if fewer schools are included in the programs. Even then, there will still remain teachers and children who will not be reached.

It is recommended that the program begin in the fall with emphasis on second-grade children exclusively. We already know which of these children are having reading difficulties, whereas first-grade children may merely be showing lack of maturity. It should be noted that second-grade children who were helped this year made more progress than did first-grade children.

Some districts had more qualified paraprofessionals than they could use, while others had to employ people who had none of the needed skills. Children would have been served better if principals and superintendents were not restricted to the local community in engaging paraprofessionals.

If we are to measure how much pupils gained from being in the program, there must be some objective, standardized test given them when they are first referred for help, and again at the end of the year. The effectiveness of the program can best be measured in this way.